



STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT



1591971

REPORT NO. **E305630**

INTERSTATE <input type="checkbox"/>	CITY STREET <input type="checkbox"/>	FIRE RESULTED <input type="checkbox"/>
STATE ROUTE <input checked="" type="checkbox"/>	OTHER <input type="checkbox"/>	STOLEN VEHICLE <input type="checkbox"/>
COUNTY RD <input type="checkbox"/>	PRIVATE WAY <input type="checkbox"/>	HIT & RUN INVOLVED <input type="checkbox"/>
TRIBAL RESERVATION <input type="checkbox"/>		

CASE #	14-00329
LOCAL AGENCY CODING	
TOTAL # OF UNITS	02
OBJECT STRUCK	

M M D D Y Y Y Y	TIME (2400)	COUNTY #	MILES	CITY #
DATE OF COLLISION 02 - 08 - 2014	2228	31		
N <input type="checkbox"/> E <input type="checkbox"/> S <input type="checkbox"/> W <input type="checkbox"/>				IN <input checked="" type="checkbox"/> OF 0664

ON (PRIMARY TRAFFIC WAY) INTERSECTION <input type="checkbox"/> NON-INTERSECTION <input checked="" type="checkbox"/>	BLOCK NO. <input checked="" type="checkbox"/>	11400
SR 92	MILE POST <input type="checkbox"/>	

DISTANCE	OF (REFERENCE OR CROSS STREET)
300 00 MILES <input type="checkbox"/> N <input type="checkbox"/> E <input checked="" type="checkbox"/> S <input type="checkbox"/> W	113TH AVE NE

UNIT 01	MOTOR VEHICLE <input checked="" type="checkbox"/>	PEDAL CYCLE <input type="checkbox"/>	DAMAGE THRESHOLD MET YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	PHONE
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LAST NAME	GARCIA HERNANDEZ	FIRST NAME	FRANCISCO	MIDDLE INITIAL
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STREET NEW ADDRESS	520 S KELSEY ST APT 14
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CITY	MONROE	ST	WA	ZIP	982722426
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CDL	RESTRICTIONS	ENDORSEMENTS
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DRIVER'S LICENSE #	GARCIF*273KJ	STATE	WA	SEX	M	D.O.B.	MMDDYYYY	05	11	1973
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ON DUTY <input type="checkbox"/>	STATUS	AIRBAG	2	RESTR	4	EJECT	1	HELMET USE	2	INJURY CLASS	1	NATURE OF INJURIES
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LICENSE PLATE #	126XHE	STATE	WA	VIN#	1FMZU73E42ZA46744
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TRAILER PLATE #		STATE		TRAILER PLATE #		STATE	
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VEH. YEAR	2002	MAKE	FORD	MODEL	EXPLR	STYLE	UT	VEHICLE TOWED YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	TOWED BY	TOP NOTCH TOWING	GOVT. VEHICLE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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REGISTERED OWNER INFO. FRANCISCO GARCIA HERNANDEZ 9330 WOODS CREEK RD MONROE WA 98272

LIABILITY INSURANCE IN EFFECT <input checked="" type="checkbox"/>	INSURANCE CO & POLICY #	STATE FARM 131 4724-F12-47A
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VEHICLE LEGALLY STANDING YES <input type="checkbox"/> NO <input type="checkbox"/>	CITATION #	CHARGE
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UNIT 02	MOTOR VEHICLE <input checked="" type="checkbox"/>	PEDAL CYCLE <input type="checkbox"/>	PEDESTRIAN <input type="checkbox"/>	PROPERTY OWNER <input type="checkbox"/>	DAMAGE THRESHOLD MET YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	PHONE
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LAST NAME	MORRISON	FIRST NAME	ANDREW	MIDDLE INITIAL	D
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STREET NEW ADDRESS	918 HUGHES LN
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CITY	GRANITE FALLS	ST	WA	ZIP	982525003
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CDL	RESTRICTIONS	ENDORSEMENTS	L
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DRIVER'S LICENSE #	MORRIAD238NS	STATE	WA	SEX	M	D.O.B.	MMDDYYYY	08	10	1977
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ON DUTY <input type="checkbox"/>	STATUS	AIRBAG	2	RESTR	4	EJECT	1	HELMET USE	2	INJURY CLASS	1	NATURE OF INJURIES
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LICENSE PLATE #	AOA6245	STATE	WA	VIN#	WVWHD71K89W058707
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TRAILER PLATE #		STATE		TRAILER PLATE #		STATE	
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VEH. YEAR	2009	MAKE	VOLK	MODEL	GTI	STYLE	4H	VEHICLE TOWED YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	TOWED BY	TOP NOTCH TOWING	GOVT. VEHICLE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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REGISTERED OWNER INFO. ANDREW MORRISON 918 HUGHES LN GRANITE FALLS WA 98252

LIABILITY INSURANCE IN EFFECT <input checked="" type="checkbox"/>	INSURANCE CO & POLICY #	COUNTRY PREFERRED INS P46A4708369
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VEHICLE LEGALLY STANDING YES <input type="checkbox"/> NO <input type="checkbox"/>	CITATION #	CHARGE
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OFFICER'S NAME (PRINT)	W. AUKERMAN	BADGE OR ID #	72	AGENCY	WA0311900
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CORRECTION

REPORT NO. **E305630**

CASE # **14-00329**

ADDITIONAL PERSONS INVOLVED (PASSENGERS AND/OR WITNESSES ONLY)

NAME (LAST, FIRST, MIDDLE INITIAL)		ROJAS ORTIZ EPSARNA																	
ADDRESS & PHONE #		9330 WOODS CREEK RD MONROE WA 98272																	
SEX		M		D.O.B.		MMDDYYYY		08		01		1972							
PASSENGER	<input checked="" type="checkbox"/>	WITNESS	<input type="checkbox"/>	UNIT #	1	SEAT POS	3	AIRBAG	2	RESTR.	4	EJECT	1	HELMET USE	2	INJURY CLASS	1	NATURE OF INJURIES	
NAME (LAST, FIRST, MIDDLE INITIAL)		GARCIA ORTIZ FRANCISCO																	
ADDRESS & PHONE #		9330 WOODS CREEK RD MONROE WA 98272																	
SEX		M		D.O.B.		MMDDYYYY		11		19		1995							
PASSENGER	<input checked="" type="checkbox"/>	WITNESS	<input type="checkbox"/>	UNIT #	1	SEAT POS	9	AIRBAG	1	RESTR.	4	EJECT	1	HELMET USE	2	INJURY CLASS	1	NATURE OF INJURIES	
NAME (LAST, FIRST, MIDDLE INITIAL)		GARCIA ORTIZ ANGEL																	
ADDRESS & PHONE #		9330 WOODS CREEK RD MONROE WA 98272																	
SEX		M		D.O.B.		MMDDYYYY		06		28		2004							
PASSENGER	<input checked="" type="checkbox"/>	WITNESS	<input type="checkbox"/>	UNIT #	1	SEAT POS	8	AIRBAG	1	RESTR.	2	EJECT	1	HELMET USE	2	INJURY CLASS	1	NATURE OF INJURIES	

NARRATIVE

On 02/08/2014 at about 2228 hours (all times approximate) two vehicles collided in the 11400 block of SR 92 in the city of Lake Stevens on a snow covered roadway. Due to many vehicle collision this evening I did not arrive on scene of this collision for about an hour after it had occurred. Based on evidence and statements at the scene of the collision it is found U1 had been traveling westbound on SR 92 just past Grade Road when it crossed the center of the roadway and collided into U2 which was traveling eastbound on SR 92. There were no reported injuries at the time of the collision and both vehicles were towed from the scene by Top Notch Towing (both vehicles could not be moved and were both blocking the eastbound lane of SR 92). At about 0045 hours I cleared the scene.

**** AUTO-POPULATED SECTION ****

THE FOLLOWING ARE DESCRIPTIONS ENTERED FOR ITEMS SELECTED AS "OTHER":

Motor Vehicle Unit 1

Action Code: ON WRONG SIDE OF ROADWAY

**** END OF AUTO-POPULATED SECTION ****

I CERTIFY (DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT. (RCW 9A.72.085)

W. AUKERMAN

02-09-14 12:35 AM

INVESTIGATING OFFICER'S SIGNATURE

UNIT OR DIST. DET

DATED

PLACE SIGNED

APPROVED BY

DATE

ROBERT MINER 095

2/9/2014 5:28:31 AM

BADGE OR ID #

72

ORI #

WA0311900

TIME POLICE DISPATCHED

11:09 PM

TIME POLICE ARRIVED

11:26 PM



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CORRECTION

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CASE # **14-00329**

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NAME (LAST, FIRST, MIDDLE INITIAL)		GARCIA ORTIZ ERIC F																	
ADDRESS & PHONE #		9330 WOODS CREEK RD MONROE WA 98272																	
SEX		M		D.O.B.		MMDDYYYY		09		11		2000							
PASSENGER	<input checked="" type="checkbox"/>	WITNESS	<input type="checkbox"/>	UNIT #	1	SEAT POS	7	AIRBAG	1	RESTR	4	EJECT	1	HELMET USE	2	INJURY CLASS	1	NATURE OF INJURIES	
NAME (LAST, FIRST, MIDDLE INITIAL)																			
ADDRESS & PHONE #																			
SEX				D.O.B.		MMDDYYYY												NATURE OF INJURIES	
PASSENGER	<input type="checkbox"/>	WITNESS	<input type="checkbox"/>	UNIT #		SEAT POS		AIRBAG		RESTR		EJECT		HELMET USE		INJURY CLASS		NATURE OF INJURIES	
NAME (LAST, FIRST, MIDDLE INITIAL)																			
ADDRESS & PHONE #																			
SEX				D.O.B.		MMDDYYYY												NATURE OF INJURIES	
PASSENGER	<input type="checkbox"/>	WITNESS	<input type="checkbox"/>	UNIT #		SEAT POS		AIRBAG		RESTR		EJECT		HELMET USE		INJURY CLASS		NATURE OF INJURIES	

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W. AUKERMAN

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UNIT OR DIST. DET

02-09-14 12:35 AM

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PLACE SIGNED

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2/9/2014 5:28:31 AM

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TIME POLICE ARRIVED

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